

July 7, 2011 JAC ZFW

Address to:
Paul Shonoski
Senior Attorney
Office of Petitions



Address From:
Application #09595473 Patent #6378463
Frances Simmons
839 N. Sacramento, Blvd. Suite1D
Chicago, IL 60622

"Renewed Petition Pursuant to 37 C.F.R. § 1.378(e)"

Dear: Mr. Shanoski,

This is Frances Simmons we spoke briefly on the phone July 5, 2011, concerning my patent petition that was filed July 26, 2010. First and foremost thank you for this opportunity to express my delayed petition respond. I did not receive the first copy that was mailed out on September 27, 2010. I made a phone call to the office of petitions, and information was shared then.

Below are the date's my maintenance fees are due. Do to financial hardship I was unable to keep my obligations to pay April 30, 2006 maintenance fees in a timely fashion.

The reason for delayed payment due on April 30, 2006 for patent #6378463 issued on April 30, 2002 application # 09/595,473; was do to financial hardship, at that time and still to date I am not working. I have attached two documents from the Social Security Administration office in Chicago IL; one explaining my work history from 1986 to 2005, the other is an application summary for supplemental security income dated for December 9, 2009.

Thanks to a conversation I had with my brother; Christopher Simmons; April 2010, I am able to pay the 3½ years maintenance fee that was due on April 30, 2006, the surcharges, and 7½ years maintenance fees due on April 30, 2010. This opportunity came about through sharing my misfortune with my brother in return he provided the finances needed for both fees and is willing to pay the last maintenance fees as well. If need to confirm his commitment and verbal obligations for the future please call Christopher Simmons at 773.787.3725

In closing please accept my financial hardship explanation; I have not abandoned my patent. There is not a day go by I don't think about my invention... throughout the years I made calls to USPTO to keep in touch asking questions on steps to take when able to pay maintenance fees and surcharges. In closing I, would like to thank you in advance for your consideration, If you have any questions please call me; Frances Simmons at 773-507-9000.

Sincerely,

A handwritten signature in black ink, appearing to be "Frances Simmons", with a long horizontal line extending to the right.

Frances Simmons
Pursued of Happiness

SEQY DTE:07/06/11 AN: [REDACTED] DOC:498 UNIT:MM1 PG: 001
 MEF: QN: [REDACTED] NA: F L SIMMON DB: [REDACTED] SX: F AK:

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

| YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS | YEAR | EARNINGS |
|------|----------|------|----------|------|----------|------|----------|
| 1986 | 1335.62 | 1991 | 1177.80 | 1996 | .00 | 2001 | 7850.00 |
| 1987 | 5281.82 | 1992 | .00 | 1997 | 3671.00 | 2002 | 11359.00 |
| 1988 | 50.27 | 1993 | .00 | 1998 | 7007.00 | 2003 | .00 |
| 1989 | 8340.21 | 1994 | .00 | 1999 | 6313.00 | 2004 | .00 |
| 1990 | 6939.66 | 1995 | .00 | 2000 | 9800.00 | 2005 | 1000.00 |

SUMMARY MQGE EARNINGS FOR YEARS REQUESTED
 NO MQGE EARNINGS FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY -- SEE MBR
 CLAIMS ACTIVITY -- SEE SSR



Social Security Administration
 5130 W. North Ave
 Chicago, IL 60639-4447

CLAIMANT: ~~REDACTED~~ FRANCES L SIMMONS



FRANCES L SIMMONS
839 N SACRAMENTO BLVD
APT 1D
CHICAGO, IL 60622

APPLICATION SUMMARY FOR SUPPLEMENTAL SECURITY INCOME

On December 9, 2009, you applied for Supplemental Security Income and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act. We have stored your application electronically in our records.

What You Need To Do

- o Review this summary to ensure we recorded your statements correctly.
- o If you agree with all your statements, you should keep this summary for your records.
- o If you disagree with any of your statements, you should contact us within 10 days after the date of this summary to let us know.

o IDENTIFICATION

My name is FRANCES L SIMMONS. My social security number is ~~REDACTED~~.

My date of birth is January ~~REDACTED~~.

I have not used any other social security number(s).

I have used the following name(s): FRANCE SIMMONS.

I am not blind.

I am disabled. My disability began on April 1, 2003.

I was not disabled prior to age 22.

I am a United States citizen by birth.

I never lived outside the United States.

I never was married.

o FUGITIVE FELON AND PAROLE OR PROBATION VIOLATION INFORMATION

CLAIMANT: ~~XXXXXXXXXX~~ FRANCES L SIMMONS

The following statements describe my fugitive felon/parole or probation violator status as of November 16, 2009.

I have not been accused or convicted of a felony or an attempt to commit a felony.

I am not on parole or probation under Federal or State law.

o LIVING ARRANGEMENTS

The following statements describe my living arrangements as of November 1, 2009.

I began living at 839 N SACRAMENTO BLVD, APT 1D, CHICAGO, IL 60622 on January 1, 2002.

I live in a house/apartment/mobile home/houseboat.

I do not expect these arrangements to change.

o RESOURCES

This report of resources is valid for any and all SSI claims in which I am involved.

I do not own any type of resource.

o INCOME

This report of income is valid for any and all SSI claims in which I am involved.

I receive or expect to receive the following income from November 1, 2009 to continuing:

Social Security

I do not receive any other type of income.

o ELIGIBILITY FOR OTHER BENEFITS

I do not currently get food stamps.

o PERMISSION TO CONTACT FINANCIAL INSTITUTIONS FOR FRANCES L SIMMONS

We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, or (3) your eligibility for SSI terminates. If you do not give or cancel your permission you will not be eligible for SSI and we will deny your claim or stop your payments.

CLAIMANT:  FRANCES L SIMMONS

I give SSA permission to contact any financial institution and request any financial records that financial institution may have about me.

IMPORTANT REMINDER

Penalty of Perjury

You declared under penalty of perjury that all the information on this summary is true and correct to the best of your knowledge. Anyone who knowingly gives a false or misleading statement about a material fact in an application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

IMPORTANT INFORMATION--PLEASE READ CAREFULLY

We will check your statements and compare our records with records from other State and Federal agencies, including the Internal Revenue Service to make sure you are paid the correct amount.

If you have a question or something to report, call (____) _____ and ask for _____. If you call or visit our office, please have this summary with you. For general information about Social Security, visit our web site at www.socialsecurity.gov on the Internet.

You may visit or write to the Social Security Office at:

SOCIAL SECURITY
SUITE 400
1279 N MILWAUKEE AVE
CHICAGO IL 60642

We will process this application for Supplemental Security Income as quickly as possible. You should hear from us within _____ days. If you do not hear from us by then, please get in touch with us.

We will let you know if we need more information to decide if you are eligible for SSI payments. In the meantime, if you move or change your mailing address, you--or someone for you-- should report the change to the office shown.

Also, you (or someone for you) must let us know if you are admitted to a hospital or other medical facility. You could lose some SSI payments if you do not let us know right away.

Always give the Social Security number when writing or telephoning about this claim. If you have any questions about this claim, we will be glad to help you.